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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ider the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. REISSUE PATENT APPLICATION TRANSMITTAL Attorney Docket No. PHUS-7 Address to: FAOUR, J. First Named Inventor Assistant Commissioner for Patents Original Patent Number 6,004,582 **Box Reissue** Original Patent Issue Date 12/21/1999 Washington, DC 20231 (Month/Day/Year) ET 529723091 US Express Mail Label No. APPLICATION FOR REISSUE OF: ~ Plant Patent Utility Patent Design Patent (Check applicable box) ACCOMPANYING APPLICATION PARTS APPLICATION ELEMENTS (37 CFR 1.173) Fee Transmittal Form (PTO/SB/56); Claim Trees (Submit an original, and a duplicate for fee processing) V Statement of status and support for all changes 1. 10. to the claims. See 37 CFR 1.173 (c). Preliminar Applicant claims small entity status. See 37 CFR 1.27. 2. Original U.S. Patent for surrender 11. Specification and Claims in double column copy of patent Ribboned Original Patent Grant 3. format (amended, if appropriate) Statement of Loss (PTO/SB/55) Drawing(s) (proposed amendments, if appropriate) Foreign Priority Claim (35 U.S.C. 119) 12. Reissue Oath/Declaration (original or copy) 5. (if applicable) (37 C.F.R. § 1.175) (PTO/SB/S or (52) Information Disclosure Copies of IDS 6. Power of Attorney Statement (IDS)/PTO-1449 Citations Original U.S. Patent currently assigned? English Translation of Reissue Oath/Declaration (if applicable) (If Yes, check applicable box(es)) Written Consent of all Assignees (PTO/SB/53) Preliminary Amendment 37 C.F.R. § 3.73(b) Statement; Certificates of Incumbercy (PTO/SB/96) Apple of first director; Notices of Recordation Return Receipt Postcard (MPEP 503) 16. (Should be specifically itemized) CD-ROM or CD-R in duplicate, Computer Program (Appendix) Other: Check (\$2876); Cert. Copy 17. or large table & translation of priority 9 Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) appl. and submittals thereof. Computer Readable Form (CRF) b. Specification Sequence Listing on: CD-ROM (2 copies) or CD-R (2 copies); or ii 🔲 paper Statements verifying identity of above copies 18. CORRESPONDENCE ADDRESS V Customer Number or Bar Code Label or | Correspondence address below 24039 Name Address PATENT TRADEPARK OFFICE Zip Code City State Fax Country Telephone 40,082 NAME Registration No. (Attorney/Agent) (Pnnt/Type)

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the entry in (D) is less than the entry in (C), Write "0" in column 3. If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. After any cancellation of claims. If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No										
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Original Claim Tree for Patent

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